

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90150 028 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 766214</b><br>1. Entity Name<br><b>HEATHERWOOD CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                                     |                                                                                                                                      |                |  |
| Principal Place of Business<br><b>4400 EL CONQUISTADOR PARKWAY<br/>BRADENTON, FL 34210 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                     | Mailing Address<br><b>4400 EL CONQUISTADOR PARKWAY<br/>BRADENTON, FL 34210 US</b>                                                    |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | 3. Mailing Address                                                                  |                                                                                                                                      |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | Suite, Apt. #, etc.                                                                 |                                                                                                                                      |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           | City & State                                                                        |                                                                                                                                      |                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country                                                                   | Zip                                                                                 | Country                                                                                                                              | 4. FEI Number<br><b>59-2482333</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                     |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                     |                                                                                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>HAGARTY, JOHN<br/>4400 EL CONQUISTADOR PKWY<br/>BRADENTON, FL 34210</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>Zip Code |                                                                                                 |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                 |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                 |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                      | <b>\$5.00 May Be<br/>Added to Fees</b>                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | Make check payable to<br><b>Florida Department of State</b>                         |                                                                                                                                      |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                         |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD<br>BAKER, SUSAN<br>5442 11TH STREET CIRCLE EAST<br>BRADENTON, FL 34203 | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DT<br>MOORE, LOIS<br>5303 11TH ST CIR E<br>BRADENTON, FL 34203            | <input type="checkbox"/> Delete                                                     |                                                                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SD<br>MEIGS, FAYE<br>5424 11TH ST CIR L<br>BRADENTON, FL 34203            | <input type="checkbox"/> Delete                                                     |                                                                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VP<br>PARDUE, BECKIE<br>5310 11TH ST. CIR<br>BRADENTON, FL 34203          | <input type="checkbox"/> Delete                                                     |                                                                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | <input type="checkbox"/> Delete                                                     |                                                                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | <input type="checkbox"/> Delete                                                     |                                                                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD<br>Riedy, Rick<br>5302 11th Street Cir E<br>Bradenton FL 34203         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |                                                                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                      |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                 |  |
| <b>SIGNATURE: Faye Meigs</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                 |  |
| Date <b>4/06/06</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                 |  |